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Application of North Application of N

Substitute for Form PTO-875									10	10/073 495		
	1	CLAIM		D – PART I						IER THAN		
1					(Column 2)		SMALL ENTITY		OF	SMA	LL ENTITY	
BA	FOR NUMBER FILED NUMBER EXTRA ASIC FEE				4	RATE	FEE	_	RATE	FEE		
TO	(37 CFR 1.16(a)) TOTAL CLAIMS					4		s	OF		\$	
INE	(37 CFR 1.16(c)) minus 20 = INDEPENDENT CLAIMS						× \$=		OR	x \$=		
(37	37 CFR 1.16(b)) minus 3 = *					× \$=		OR	x \$=	.		
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))							+ 5=		OR	+5 =		
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL		OR	TOTAL	1	
CLAIMS AS AMENDED - PART II												
8-2-07 (Column 1) (Column 2) (Column 3)							SMALL ENTITY			OTHE	R THAN	
4		CLAIMS REMAININ	G	HIGHEST NUMBER	PRESENT	1 1			7	SMAL	LENTITY	
Ż		AFTER AMENDME		PREVIOUSLY PAID FOR	EXTRA	П	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL	
AMENDMENT	Total (37 CFR 1.16(c))	. 15	Minus	" 41	- 0	11	X\$ =	FEE	1		FEE	
Ē	Independent (37 CFR 1.16(b))	3	Minus	4	- 0	H	x s =		OR	x \$=	1 è	
ş	FIRST PRESENT	TATION OF MUL	TIPLE DEPEND	DENT CLAIM (37 C		H			OR	x \$=	10	
(1)							+s_ =		OR	+s =	0	
		(Column 1)					ADD'L FEE		OR	ADD'L FEE	0	
<u>_</u>		CLAIMS		(Column 2) HIGHEST	(Column 3)	г					,	
AMENDMENT	Total	REMAINING AFTER AMENDMEN	т	NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
힑	(37 CFR 1.16(ci)	<u> </u>	Minus		*		x \$=		OR	x \$ =		
則	Independent (37 CFR 1.16(b))		Minus	***	-	Γ	x \$=		OR	x \$ =		
₹	FIRST PRESENT.	ATION OF MULT	PLE DEPEND	ENT CLAIM (37 CF	R 1.16(d))	Γ	+5 =		OR	+5 -		
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
	1 ==	(Column 1)		(Column 2)	(Column 3)				Oit	ADD LIFE		
٥ ا		CLAIMS REMAINING AFTER		HIGHEST NUMBER PREVIOUSLY	PRESENT EXTRA	Γ	RATE	ADDI-		RATE	ADDI-	
AMENDMENT	Total	AMENDMEN	Minus	PAID FOR	=	L		TIONAL FEE			TIONAL FEE	
핡	(37 CFR 1.16(c)) Independent		Minus	***		1	(\$=		OR	x \$=		
闄.	(37 CFR 1,16(6))		لــــــــــــــــــــــــــــــــــــــ			Ŀ	s=		OR	x \$=		
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					Ŀ	· s =	_	OR	+ 5 =		
TOTAL ADD'L FEE									OR .	TOTAL ADD'L FEE		
If the entry in column 1 is less than the entry in column 2, write 10' in column 3.												
The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".												
is collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to fite (and by the PPO to process) an application. Confidentiality is required by 31 LSC 4.35 LSC												

USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 12 and 37 C/RT 1.1.4.The use of a benefit by the public which is to fit (and by the including glathering, preparing, and submitting the completed norm in the USPTO. The well very depending upon the individual case. Any comments on the amount of time you require to complete, but from earlier suggestions for reducing this turner, and earlier due to the individual case. Any comments and Trademark Cities, U.S. Department of Commence, P.O. Box 1459, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Pathots, P.O. Box 1459, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS